TAYLOR HARDIN SECURE
MEDICAL FACILITY
Tuscaloosa, Alabama

NAME: Hampton, Randall
FILE NO.: 06 50 32 96

HOSPITALIZATION SUMMARY
PAGE 3

On 06/10/02 Mr. Hampton was sent to Bryce Hospital for a neurology consult conducted by Dr. Franco. He found a questionable history of seizure activity and recommended discontinuing the patient's phenobarbital. He also recommended further testing if the patient continued to have problems. The patient was noted to continue report shaking and trembling which he said were seizures but he did not ever have loss of consciousness or incontinence. He would quickly go on about his activities when redirected by staff. No other outside consultations were required.

LEGAL STATUS

Mr. Randall Hampton is an 18-year-old, single, African-American male who was admitted to Taylor Hardin Secure Medical Facility on 05/02/02 with a commitment status of TX-IST/MSO. He was arrested on 03/26/02 and charged with Robbery, First Degree. Reports from the jail indicate that the patient was smearing feces on the wall, tearing padding off the walls and screaming. He was noted to isolate himself from other inmates and occasionally he was assaultive. An outpatient forensic evaluation was ordered and conducted on 04/05/02 by Guy J. Renfro, Ph.D., Certified Forensic Examiner. On the day of the evaluation Mr. Hampton was housed in an isolation cell on suicide watch. It was reported that his hair was long and dirty and he was unkempt. He was difficult to keep topic focused and was easily distracted. Dr. Renfro's diagnoses included Psychotic Disorder, NOS, Axis I; Rule Out Factitious Disorder, Predominantly Psychological Symptoms, Axis I; Rule Out Malingering, Axis I; Estimated Borderline Intellectual Functioning, Axis II; and Seizures, Axis III. It was Dr. Renfro's opinion that Mr. Hampton appeared to be at high risk to exhibit unmanageable and disruptive behavior in the courtroom. Inpatient psychiatric treatment was recommended and the patient was transferred to Taylor Hardin Secure Medical Facility. He was court ordered for treatment and evaluation by the Honorable Eugene W. Reese, Circuit Court Judge of Montgomery County, Alabama.

PSYCHIATRIC SUMMARY

Mr. Hampton was assessed for a mental status examination on May 3, 2002 conducted by Dr. Denise M. Perone, Staff Psychiatrist.

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HOSPITALIZATION SUMMARY
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MENTAL STATUS EXAM

APPEARANCE: the patient has longish bushy hair. He is clean shaven and has a very well healed scar noticeably down the left side of his neck and down his back. On his left forearm he has tattooed "RIP." Grooming and hygiene are average.

ORIENTATION: the patient is alert. He was able to state how old he was but he stated he did not know where he was or why he was here. He could not say what time of year it was, what the year was or what the month was stating he thought it was winter.

GENERAL BEHAVIOR: the patient is somewhat ill at ease and evasive. He is sitting at the table at one minute snapping his fingers as if he is hearing music and at another minute rolling his head around and looking down at the ground. His eye contact was poor.

SPEECH ACTIVITY: hesitant and reduced with responses only and often he would respond "I don't know." His tone was monotone.

AFFECT/MOOD: mood was dysthymic and affect was blunted. Affect was consistent with the mood.

SUICIDAL/HOMICIDAL IDEATION/INTENT: the patient states he was suicidal in jail because they threw food on the floor and made him eat on the floor and treated him badly. He states he is not suicidal now. Homicidal ideation and intent are absent, though, it must be noted that jail states he was assaultive.

THOUGHT PROCESSES: there is a paucity of thought. There is no looseness of association, no flight of ideas and no pressured speech. The patient did state that he hears voices all the time. He said he saw "Foo Foo and Billy" and does not know "how do I see them and nobody else does?" He later said that they have beaten him up in the past.

He did state that he feels others are after him and trying to hurt him but mostly when asked about feeling unsafe he would either not answer or state "I don't know."

Abstractions and proverbs were not done. This patient often did not answer questions.

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HOSPITALIZATION SUMMARY
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MEMORY FUNCTIONING: the patient was able to immediately recall two out of three objects but was able to recall none in five minutes even with coaching. When asked who the president was he said "my mom." He stated that he did not know the colors of the American flag and was able to repeat only three numbers forward without mistakes.

ESTIMATED IQ: appears poor although it is difficult to evaluate since there is a paucity of speech.

INSIGHT: none or 12 on a scale of 0 – 12 with 12 being worst.

JUDGMENT: poor or 10 on a scale of 0 – 12 with 12 being worst.

MEDICATION SUMMARY

05/02/02
1. Tegretol 300 mg. po b.i.d.
2. Phenobarbital 60 mg. q. hs
3. Prolixin Concentrate 5 mg. po t.i.d.
4. Droperidol 10 mg. IM q. four hours PRN for agitation/psychosis/r for appears to be hallucinating
5. Benadryl 50 mg. IM po q. four hours PRN for EPS/R
6. Benadryl 50 mg. po q. hs to help sleep

05/03/02
1. Zantac 150 mg. b.i.d. for intermittent mostly post meal vomiting for an extended period of time
2. Lithium Citrate 450 mg. now and 450 mg. b.i.d. for lability of mood

05/05/02
1. Increase Lithium Citrate 450 mg. po q. a.m.; 300 mg. po q. 1:00 p.m. and 450 mg. po q. 5:00 p.m. – patient feeling great relief from Lithium, no side effects and mood much better.

05/08/02
1. Inderal 10 mg. po q. i.d. – leg cramping, also can help neurological pain with left leg and also decrease any tremors from Lithium.

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HOSPITALIZATION SUMMARY
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05/10/02
1. Discontinue Prolixin – may not need – psychosis may be due to mood disorder.
2. Increase Inderal to 20 mg. po t.i.d. and starting 05/11/02 Discontinue Inderal and begin Inderal LA 80 mg. po q. a.m. – seems to be helping left leg pain.

05/16/02
1. Prolixin Concentrate 5 mg. po t.i.d. – patient becoming psychotic re: Billy and Fu Fu, hyper and not sleeping.

05/16/02
1. Prolixin Concentrate 10 mg. po now – having a lot of trouble hearing voices now.

05/17/02
1. Phenobarbital 60 mg. po now – level from today is low, sub-therapeutic from admission

05/24/02
1. Starting 05/25/02 D/C Prolixin
2. Starting 05/25/02 Prolixin 10 mg. po q. hs – very sedated but thoughts are clearing

05/28/02
1. Starting 05/29/02 D/C Phenobarbital and begin Phenobarbital 60 mg. po q. hs – despite level decrease on 60 mg. a day, patient so sedated now he can barely get out of bed or answer questions.

05/31/02
1. Increase Prolixin hs to 50 mg. po – last time patient was on this dose he seemed to clear, still seems to be hallucinating.

06/02/02
1. Hold Benadryl
2. Hold Inderal
3. In a.m. draw CBC with differential Phenobarbital and Lithium level stat – complain of sedation and leg weakness

06/06/02
1. D/C Lithium

2. Starting 06/07/02 begin Lithium Citrate 450 mg. b.i.d. – patient very sleepy may be due to increase in therapeutic Lithium

06/07/02
1. D/C Prolixin
2. D/C Lithium
3. D/C Inderal
4. D/C hs Benadryl
5. Decrease Phenobarbital to 30 mg. po q. hs times seven days then D/C
6. D/C Phenobarbital – as per Dr. Franco

06/10/02
1. Zyprexa 5 mg. po q. hs – patient complains of Billy and Fu Fu and he can't sleep – this is to help decrease any brain irritability.

06/11/02
1. D/C previous Phenobarbital order
2. Continue Phenobarbital 30 mg. po q. hs – patient is not oversedated on this dose and mom gives a strong history of seizure disorder
3. Increase Zyprexa 10 mg. po q. 5:00 p.m. – no side effects – slept better last night

06/12/02
1. D/C Zyprexa – patient oversedated and complains that medicine is not helping
2. Benadryl 100 mg. po q. hs – for sleep

06/26/02
1. Restart Phenobarbital 30 mg. po q. hs – to prevent status epilepticus just in case symptoms re-emerge and to help calm patient physically and mentally also so he doesn't work himself up to a seizure-like level.

Discharge medications are indicated above.

CLINICAL COURSE

A Master Treatment Planning Conference was held for this patient on 05/10/02 with the patient, his mother and a multidisciplinary treatment team present. Problems identified included:

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FILE NO.: 06 50 32 96

HOSPITALIZATION SUMMARY
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1. Active — Moves up and down, crying and laughing for no reason.
2. Active — Reports hearing and seeing "Billy and Fu Fu telling me to hurt myself."
3. Active — Voices suicidal ideations, "I am going to starve myself to death. I will eventually do it."
4. Active — Patient states that he has been physically aggressive towards others, "I don't have any friends. I usually knock them out."
5. Active — Neurogenic left leg cramp with pain and weakness.
6. Inactive — Seizure Disorder with history of head injury.

During Mr. Hampton's hospitalization he frequently acted out and was loud and disruptive. He would run around and jump, yell and scream and stated that "Billy and Fu Fu" were messing with him. He frequently reported seizure activity but he was always able to talk and quickly went about other activities. The patient frequently stated that he "wanted to get up out of here." Continued observation and testing indicated a high probability of malingering. The patient was referred for forensic evaluation on 06/18/02 and he received discharge orders on 07/03/02.

During the course of this patient's hospitalization he did not attempt to harm himself nor did he display any suicidal attempts or gestures. He would seek staff attention as needed or required. At no time did he require special procedures such as seclusions or restraints.

Mr. Hampton consented for release of information to his mother, Barbara Hampton, and he also granted permission for his mother to attend treatment planning conferences. Mrs. Hampton provided for the patient's financial wants and needs.

CONDITION ON DISCHARGE AND PLACEMENT

At the time of discharge, Mr. Hampton was described as psychiatrically stable and competent to assist his attorney in his defense. He specifically denied suicidal/homicidal thoughts, plans or intent.

AFTERCARE RECOMMENDATIONS

Mr. Hampton was discharged on 07/09/02 to the custody of the Montgomery County Sheriff's Department for transportation to the Montgomery County Jail located at 350 South McDonald Street, Montgomery, Alabama, 36104; (334) 832-2542. Jail staff will dispense medications and provide for housing and transportation needs. The patient should remain fully compliant with all treatment recommendations. Follow up mental

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health services are optional and depend on the family's wishes. Mrs. Hampton stated that she would not use the Montgomery Area Mental Health Center. If treatment is needed she stated she would find a private psychologist or psychiatrist. Mr. Hampton should refrain from the use of drugs and alcohol.

Janet W. Morin, MSW, LGSW
Janet W. Morin, M.S.W., L.G.S.W.
Staff Social Worker

7-12-02
DATE

Denise M. Perone, M.D.
Staff Psychiatrist

7.12.02
DATE

JWM/lds

d: 07/10/02
t: 07/10/02
r: 07/12/02
A0064

Monthly Activities

Date: 9.4.03

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

September recreational activities offered: Bingo, C.W. Poetry, movies, art, Music therapy, Gospel, Open recreation, mental stimulation workout, along with other recreational activity.

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *wil be/has been* communicated to his treatment team.

J. Benson

Signature

Monthly Activities

Date: 8-7-03

IM Name: Randall Hampton AIS#: 236420

Was offered the following recreational activities during the month of:

August recreational activities: Open recreation, bingo, music, movies, gospel, current events, music therapy, A.D.L, mental stimulation worksheets, etc.

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction.*

Comments: _____

_____

_____

_____

Therapeutic services will continue to be offered on a regular basis. His level of participation *be/has been* communicated to his treatment team.

J. Burson

Signature

mH

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Rundall Hampton AIS#: B 226420

Institution: BCCF Date of Disciplinary Report: 10-13-03

Is the inmate currently on the mental health caseload? Yes No
If Yes, referred for mental health evaluation/consultation on:_____

HEARING OFFICER:
Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is? *Does the inmate know what date it is?* *Does inmate know why he is seeing hearing officer?*
Is the inmate appropriately dressed? *Is inmate able to speak coherently?* *Does the inmate avoid eye contact?*
Does the inmate make sense? *Are the inmate's statements logical and organized or unusual?*

Should the inmate be referred for mental health evaluation of competency? Yes No
If Yes, referred for mental health evaluation/consultation on:_____

MENTAL HEALTH STAFF:
Date request for consult received: 10-28-03 Date consult returned: 10-28-03

Is the inmate competent to participate in the hearing? (Yes) No
If NO, why is the inmate not competent?

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge? Yes (No)
If YES, briefly describe the issues:

Are there mental health issues to be considered regarding disposition if the inmate is found guilty? Yes (No)
If YES, briefly describe the issues and possible relation to the disposition:

Does mental health staff want to be present at the disciplinary hearing to provide input? Yes (No)
Mental Health Staff Member: [illegible] Phone Contact: 132

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing? Yes No
Have the mental health recommendations been considered? Yes No

Hearing Officer:_____ Date:_____

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☐ Suicide Watch ☑ Restraints ☐ Other _____

OBSERVATION: ☐ 15 Minutes ☐ Other _____

Date Initiated: 9-2-03 Time Initiated: 11 a.m.

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT			EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS		TIME	ACTIVITY/INITIALS
2230		0615			1415	6
2245		0630			1430	6
2300		0645			1500	Released
2315		0700			1515	
2330		0715			1530	
2345		0730			1545	
2400		0745			1600	
2415		0800			1615	
2430		0815			1630	
2445		0830			1645	
0100		0845			1700	
0115		0900			1715	
0130		0915			1730	
0145		0930			1745	
0200		0945			1800	
0215		1000			1815	
0230		1015			1830	
0245		1030			1845	
0300		1045			1900	
0315		1100	2,1	mkc	1915	
0330		1115	2,1	mkc	1930	
0345		1130	6	mkc	1945	
0400		1145	6,7	mkc	2000	
0415		1200	6,7	AT	2015	
0430		1215	5,6	mkc	2030	
0445		1230	5,6	mkc	2045	
0500		1245	5,6	mkc	2100	
0515		1300	5,6	mkc	2115	
0530		1315	5,6	mkc	2130	
0545		1330	5,6	mkc	2145	
0600		1345	6		2200	
		1400	6		2215	

Inmate Name Hampton, Randall AIS # 226420

Restraints Removed

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
USE OF RESTRAINTS FOR MENTAL HEALTH PURPOSES MONITORING

Application of Physical Restraints:

Date: 9/2/03 Time: 11:20 Decision of: Dr. Hammer/Lt. Stephens, D.O.C.

Restraint room checked by security before inmate placement?	☑ Yes	☐ No
Potentially harmful clothing removed from inmate?	☑ Yes	☐ No
Inmate provided suicide tunic/paper gown and suicide blanket?	☑ Yes	☐ No
Inmate offered bathroom privilege prior to restraint?	☑ Yes	☐ No
Nursing staff completed medical assessment after restraint?	☑ Yes	☐ No

Noted by: _____

Order for Physical Restraints:

Date: 9-2-03 Time: 11 A.M. Physician: Dr. Hammer

Physician order within one hour of application?	☑ Yes	☐ No
Physician order includes rationale and specific instructions?	☐ Yes	☑ No

Noted by: M L Christie, RNC

On-going Monitoring of Inmate in Restraints (noted on page 2)

Removal of Restraints:

Date: 9-2-03 Time: 1500 Decision of: Dr. Hammer

Consultation with psychiatrist prior to removal?	☑ Yes	☐ No
Documented rationale for removal?	☑ Yes	☐ No
Security staff present for removal?	☑ Yes	☐ No
Nursing assessment documented two hours after removal?	☑ Yes	☐ No

Noted by: M L Christie, RNC

Inmate Name	AIS #
Hampton, Randall	226420

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____

OBSERVATION: ☒ 15 Minutes ☐ Other _____

Date Initiated: 9-01-03 Time Initiated: 11:45

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
2230		0615		1415	10 DMD /LPN
2245		0630		1430	10 DMD
2300		0645		1500	1 DMD
2315		0700		1515	1 DMD
2330		0715		1530	8 DMD
2345		0730		1545	8 DMD
2400		0745		1600	1 DMD
2415		0800		1615	5, 6 DMD
2430		0815		1630	5, 6 DMD
2445		0830		1645	5, 6 DMD
0100		0845		1700	5, 6 DMD
0115		0900		1715	5, 6 DMD
0130		0915		1730	5, 6 DMD
0145		0930		1745	5, 6 DMD
0200		0945		1800	5, 6 DMD
0215		1000		1815	5, 6 DMD
0230		1015		1830	5, 6 DMD
0245		1030		1845	5, 6 DMD
0300		1045		1900	5, 6 DMD
0315		1100		1915	5, 6 DMD
0330		1115		1930	5, 6 DMD
0345		1130	A.T. - 0	1945	5, 6 DMD
0400		1145	A.T. - 9	2000	5, 6 DMD
0415		1200	A.T. - 9	2015	5, 6 DMD
0430		1215	A.T. - 9	2030	5, 6 DMD
0445		1230	AT - 10	2045	5, 6 DMD
0500		1245	AT - 10	2100	5, 6 DMD
0515		1300	AT - 10	2115	5, 6 DMD
0530		1315	AT - 10	2130	5, 6 DMD
0545		1330	AT - 6	2145	5, 6 DMD
0600		1345	AT - 6	2200	5, 6 DMD
		1400	AT - 6	2215	5, 6 DMD

Inmate Name Hampton Randall AIS # 226420

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☑ Suicide Watch ☐ Restraints ☐ Other _____

OBSERVATION: ☐ 15 Minutes ☐ Other _____

Date Initiated: 9/1/03 Time Initiated: 2230

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
2230	5 6 RA	0615		1415	
2245	5 6 RA	0630		1430	
2300	5 6 RA	0645		1500	
2315	5 6 RA	0700		1515	
2330	5 6 RA	0715		1530	
2345	5 6 RA	0730		1545	
2400	5 6 RA	0745		1600	
2415	5 6 RA	0800		1615	
2430	5 6 RA	0815		1630	
2445	5 6 RA	0830		1645	
0100	5 6 RA	0845		1700	
0115	5 6 RA	0900		1715	
0130	5 RA	0915		1730	
0145	5 RA	0930		1745	
0200	5 RA	0945		1800	
0215	5 RA	1000		1815	
0230	6 RA	1015		1830	
0245	6 RA	1030		1845	
0300	5 RA	1045		1900	
0315	5 RA	1100		1915	
0330	5 RA	1115		1930	
0345	5 RA	1130		1945	
0400	B 5 RA	1145		2000	
0415	5 RA	1200		2015	
0430	5 RA	1215		2030	
0445	5 RA	1230		2045	
0500	5 RA	1245		2100	
0515	5 RA	1300		2115	
0530	5 RA	1315		2130	
0545	5 RA	1330		2145	
0600	5 RA	1345		2200	
		1400		2215	

Inmate Name Hampton Randall AIS # 206420

RA RA

Mental Health Observation Form

e Name - Hampton, Randal ID # 226420 Date/Time Initialed 9-1-03 1145 a m

lme In 15 min Increments

ate	Time	Observer	Comments
9-3-03	0800	M & Christie, RNC	S- Non Verbal O- Lying in bed, Resp. reg. & unlabored - NAD - A- A.M.S. P- Discharged from all mental health observation - Transfer to Seg. unit - D.O.C. Lt. Stephens, notified - M & Christie, RNC

ntal Health Observation Form

9-1-03

ate Name HAMPTON, RANDALL ID # 226420 Date/Time Initiated 11:45AM

Time In 15 min. Increments

Date	Time	Observer	Comments
9/2/03	1600	Emestine Tyson LPN	S- none O- observe lying in bed Cover & Suicide blanket. NO distress A- Altered Mental Status P- Will Continue ON Self Injury Watch q15mins
9/2/03	1800	Emestine Tyson LPN	S- "Alright" O- Restraints remove and Verbal Contract made with DR Hammer and Sgt Strickland and Inmate Agree not to Cause any problems A- Altered Mental Status P Will Continue to monitor On Self injury Watch.
9/2/03	2000	Emestine Tyson LPN	S- " Stop, Stop" O- Inmate Screaming Stop Stop and Kicking in bed. Observe Closely did not seem to be agitated. Lt Cunningham had talk to him and took him out for a smoke. A- Altered mental Status P Will Continue to monitor ON Self injury Watch q15minutes protocol
9/2/03	2200	Emestine Tyson LPN	S- None O- Lying in bed quiet, Stop Hollering. No distress noted A- Altered mental Status P Will Continue to monitor On Self injury Watch q15 minutes protocol

Mental Health Observation Form

Inmate Name Hampton Randell ID # 226400 Date/Time Initialed 9/1/03 2230

Note: Time in 15 min. increments

Date	Time	Observer	Comments
9/1/03	2230	Drake RN	S none O. Lying in safe cell - Alert in eyes closed - resp easy - no destress noted A Altered mental Status P Continues self injury watch
9/2/03	0030	Drake	S. None O Continues to rest quietly A Altered mental Status P. Continue self injury watch.
	0230	Drake RN	S. none O Eyes closed resp easy A Altered mental State P. Continue self injury watch
9-02-03	0625	A.D. Grant LPN	S None verbal. O Lying on mat. Covered & blanket still on mat. Resp easy et un labored. A Altered Mental Status P Continue Observation
9-02-03	0825	A. Thomas RN	S. "Non Verbal to nurse" O. Standing in cell door window yelling out foul words. Inmate appears hostile & angry & Flight of ideas. A Altered Mental Status P- Continue Observation q 15 mins self injury watch A Thomas

* See Blue Progress Notes for Restraint Procedure notes - M L Christie

Mental Health Observation Form

11:45AM

e Name HAMPTON, Randall ID # 226420 Date/Time Initialed 9-1-03

Time In 15 min. Increments

ate	Time	Observer	Comments
9-1-03	1530	Jonnaul. Daniels, LPN	S→ "I'm sick" O→ Inmate vomited in cell. Cooperative & taking medications. A→ Altered Mental Status P→ Administered Haldol 10mg IM + Benadryl 50mg IM. Also Haldol 5mg p.o. + Cogentin 1mg p.o. given + inmates 1700 med's. Refer to MAR.
9-1-03	1730	Jonnaul. Daniels, LPN	S→ Non-Verbal O→ Quiet. Resting & eyes closed. Resp & ease. Medication effective. A→ Altered Mental Status P→ Continue to observe behavior. Continue q 15min ✓'s.
9-1-03	1930	Jonnaul. Daniels, LPN	S→ Non-Verbal O→ Quiet. Calm. Resp & ease. Eyes closed. A→ Altered Mental Status P→ Continue q 15 min. ✓'s.
9-1-03	2200	Jonnaul. Daniels, LPN	S→ Non-verbal O→ Quiet. Resp & ease. Eyes closed. In safe cell. A→ Altered Mental Status P→ Continue q 15 min ✓'s per oncoming shift. Reported to Nurse Lake.

Mental Health Observation Form

Name: Hampton Randall ID # 226420 Date/Time Initialed 9-01-03

Time In 15 min. Increments

Date	Time	Observer	Comments
9-01-03	11:45	A. Thomas PN	S-Quiet O-Standing in cell door window looking in no acute distress. Paper gown & suicide blanket intact. A-Altered Mental Status P-Monitor q 15 ~~4~~ mins for self injury watch.
9-01-03	13:45	A. Thomas PN	S-Non-Verbal O-Lying on mat resp. regular unlabored. Resting quietly no behavior problems noted @ this time calm. A-A.M.S. P-Continue observation q 15 mins suicide watch A. Thomas PN
9-1-03	1500 PM	Jowanna Daniels, LPN	S→"STOP, Leave me alone." "Leave me alone I said". O→Inmate in corner of cell in fetal position yelling loudly. Had paper towel in both ears. Actively hallucinating and responding verbally to internal stimuli. Inmate admitted he was "hearing voices", but he stated he wasn't suppose to tell me. A→Altered Mental Status P→Phone Dr. Bell for orders.
9-1-03	1510 PM	Jowanna Daniels LPN	O→Phoned Dr. Bell and described inmate behavior. A→Altered Mental Status P→Medication orders received. See Orders

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed: _____ ☐ Regular Classes ☐ Special Education
☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: ☐ Appears Stated Age ☐ Appears Younger ☑ Appears Older

Dress/Grooming: ☐ Appropriate ☐ Marginal ☑ Disheveled ☐ Bizarre

Posture: ☐ Unremarkable ☐ Rigid ☐ Stooped

Facial: ☐ Unremarkable ☐ Hostile ☑ Worried ☐ Tearful ☐ Sad

Eyes: ☐ Unremarkable ☑ Glances Furtively ☐ Stares ☐ Poor Eye Contact

Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☑ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☑ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative
☑ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile

Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☑ Inappropriate ☐ Constricted

Speech / Communication: ☐ Normal ☐ Aphasia ☐ Slurred ☑ Rapid ☐ Mute
☑ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive

Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☑ Antisocial Attitudes
☐ Phobias ☑ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified

Abstract Thinking: ☐ Unimpaired ☐ Concrete impaired

Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____

Hallucinations: ☑ None ☑ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

Memory: ☐ Grossly Intact ☑ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight / Judgment: ☐ Unimpaired ☐ Poor Judgment ☑ Poor Insight

☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: Annie Thomas Date: 9-01-03

☐ ADDITONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name	AIS #
Hampton Randall	226420

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Institution: BCCF ☐ RTU ☐ SU	Date/Time of Admission	
Inmate Name: Hampton Randall	AIS#: 226420	DOB: 10-15-83

Vital Signs

BP 130/74	P 86	R 24	HT	WT	Allergies: NKA

Past Medical History

☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☐ Hypertension ☐ Cancer ☐ TB
☐ Seizures ☐ Peptic Ulcer ☐ Back Problems ☐ Liver Disease ☐ Stroke
☐ COPD ☐ Congenital D/O ☐ Peripheral Vascular Disease ☐ Other

Assistive Devices N/A

☐ Walker ☐ Crutches ☐ Cane ☐ Wheelchair ☐ Artificial Limb(s)
☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures
☐ Other:

Major Illnesses / Accidents / Surgeries / etc.

Current Medical Problems:

Current Medications / Dosages:

Medication Compliance: ☐ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%
Sleep Pattern: ☐ Insomnia ☐ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other:_____
Tobacco/Amount:_____ Caffeine/Amount:_____
Hygiene: ☐ Good ☐ Fair ☐ Poor Showers ____ times a week
Appetite: ☐ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit_____
History of Failure to Eat / Hunger Strikes: ☐ No ☐ Yes Last Episode (explain)_____

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:

History of Aggression / Acting Out Behavior: ☐ Yes ☐ No
Last Episode (explain):

Mental Health Observation Form

te Name Hampton, Randall ID # 226420 Date/Time Initialed

Time In 15 min. Increments

Date	Time	Observer	Comments
4/8/03	1600	Emestine Tyson, LPN	S- NONE O- Lying in bed Supine, Dressing on head dry and intact, Resp reg and unlabored A- Altered Mental States P Will Continue to Monitor On Self Injury Watch q15minutes
4/8/03	1800	Emestine Tyson LPN	S- None O- Lying in bed, eye closed but awake though asleep, Resp reg and unlabored.
4/8/03	2000	Emestine Tyson LPN	S "I am alright." O- Inmate had a tub bath supervisor by Lt Cunningham. Dressing on head dry and intact Noted left eye edematous also rt eye slightly edematous also. Check Pupils PERRAL grip in hands strong. Instructed inmate to sit down when he feel his leg spasm coming. Inmate do have right leg spasm which will cause him to fall. Also Instruct him to put in a sick call slip to see DR Siddigon Concerning leg spasms. Do dont do not know whether inmate Compre- hend instruction or

Mental Health Observation Form

te Name Hampton, Randall ID # 226420 Date/Time Initialed 4/8/03

Time In 15 min. Increments

Date	Time	Observer	Comments
4/8/03	0815	A.D. Grant LPN	S I am tired of being here. I don't want to be here anymore.
			O 1in laceration back of head. Old scar Lt. side of neck. See body Chart. Oriented verbal expression motor activity decreased. Mood flat depressed. General attitude suspicious. Speech normal. Thought content suicidal thought. No psych. Abstract thinking impaired. Memory grossly intact. Poor insight. Poor judgment.
			A Altered Mental Status
			P Attitron 1mg IM Haldol 10mg IM Suicide watch. No clothes or shoes. No sheet or mattress. Suicide gown et blanket.
	1015	A.D. Grant LPN	S none
			O Lying in bed quiet. None verbal. Covered c blanket. In no apparent distress.
			A Altered Mental Status
			P Continue observation
	1215	A.D. Grant LPN	S none
			O Lying in bed quiet. None verbal. In no apparent distress.
			A Altered Mental Status
			P Continue observation
	1415	A.D. Grant LPN	S none
			O Lying in bed covered c blanket. Quiet. None verbal
			A Altered Mental Status
			P Continue observation

...ntal Health Observation Form

Inmate Name Hampton, Randall ID # 226420 Date/Time Initialed ______

Note: Time In 15 min. Increments

Date	Time	Observer	Comments
4/9/03	0930	A. D. Grant LPN	S When will I be able to get my clothes. I want my clothes. I am tired of being like this. I didn't get enough to eat.
			O Standing @ door talking to this writer. Wearing paper gown. In no apparent distress
			A Altered Mental Status
			P Continue Observation
	1130	A. D. Grant LPN	S None
			O Lying in bed covered c̄ blanket. Quiet. In no apparent distress
			A Altered Mental Status
			P Continue Observation
	1330	A. D. Grant LPN	S None
			O Standing @ door wearing clothes. In no apparent distress.
			A Altered Mental Status
4/9/03	1800	Emestine Tyson LPN	S "I Need Some food to eat."
			O - Inmate returned from appointment from Orthropedic physician. Has cast on right hand. On seizure precaution. Moved from cell #1 to cell #4 and matteress put on floor because he is on seizure precaution. ~~Inmate~~ Self Multilater, observe inmate floppy down on his bed careless. He could have hit his arm + hand on the floor.
			A - Alteration in ~~physician~~ physical comfort and

NC

Mental Health Observation Form

Inmate Name Hampton, Randall ID # 226420 Date/Time Initiated _____

Note: Time In 15 min. Increments

Date	Time	Observer	Comments
4/8/03	2000		Nurses Note Continues @ Not. Will Continue to Observe Closely P - Altered mental status P. Will Continue on Self Injury Watch q15 Minute and will Closely Observe for Seizure Active And other distress Signs q15 Christine Tyson LPN
	2400	Hogen LPN	S. Quiet O - Resting quietly on bed resp regular & ease. No distress noted A - Altered mental status P - Continue to Observe Hogen
4/9/03	0200	Hogen LPN	S - None O - Lying on bed asleep, resp regular & ease. negative distress noted A - Altered mental status P - Continue to Observe Hogen
	0400	Hogen LPN	S - None O - awaken for B'fast, ambulator about cell, Resp regular & ease. A - altered mental status P - Continue to observe Hogen
	0536	Hogen LPN	S. Quiet O - Lying on bed asleep, resp regular & ease. no distress noted A - altered mental status P. Continue to Observe Hogen
	0730	A.D. Hart LPN	S None O Lying in bed asleep. Covered Blanket in no apparent distress A Altered mental Status P Continues Observation

Mental Health Observation Form

te Name Hampton, Randall ID # 226420 Date/Time Initialed

Time In 15 min. Increments

Date	Time	Observer	Comments
4/9/03	1800		Nurse's Note Continues A- Altered Mental status P- Will Observe ON Mental Health Observation And for Seizures.
4/9/03	2000	Emestine TYSON LPN	S "Get your head right Mother-fucker" "Get your head right Mother-fucker." "Get your head right Nigger." O- Inmate Screaming And hollering loud, went to see what he wanted. He stated he was talking to himself. Observe him staring at the wall while he was talking to himself. Cursing, Screaming and yelling. A- Alteration in physical comfort. P- Will Continue to Monitor ON Mental health observation q 2h. — Emestine TYSON LPN
4/10/03	0800	A.D. Grant LPN	S None O Lying in bed quiet ~~tossed~~ C Blanket. VS no Apparent apparent distress. A Altered Mental Status P Continue observation
4/10/03	0930	A. Willis LPN	S - I'm tired of this place. I need 4 or 5 shots, I want to be doped up for a month. Y'all better give me something before I do something I got no business doing. O - Inmate pacing back and forth

...ntal Health ...bservat... ...orm

Inmate Name Hampton, Randall ID # 226420 Date/Time Initiated ______

Note: Time In 15 min. Increments

Date	cont. Time	Observer	cont. – Comments
4-10-03	0930	a. Willis lpn	O - yelling and talking loud. No apparent physical distress noted. A - altered mental status P - Continue observation.
4-10-03	1130	a. Willis lpn	S - I want to know if they are going to let me out of here. O - Walking around in cell back & forth pacing. No apparent distress noted. A - altered mental status, appear less agitated P - Continue observation
4-10-03	1330	a. Willis lpn	S - Quiet, none. O - Resting quietly @ present. No physical distress noted A - altered mental status P - Continue observation.
4/10/03	1400	a. Willis lpn	P - Mental health observation D/C'd and may be released to RTU pending medical clearance per McGarman.
4/10/03	1630	H. R. [illegible]	S - Episode of seizure O - Alert / oriented A - Ambulating in cell E - Notify staff of any discomfort P - Notify MD of any seizure [signature]

NC

LABAMA DEPARTMENT OF CORR TIONS
MENTAL . ALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed: _____ ☐ Regular Classes ☐ Special Education
☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: ☑ Appears Stated Age ☐ Appears Younger ☐ Appears Older

Dress/Grooming: ☐ Appropriate ☑ Marginal ☐ Disheveled ☐ Bizarre

Posture: ☑ Unremarkable ☐ Rigid ☐ Stooped

Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☑ Sad

Eyes: ☐ Unremarkable ☐ Glances Furtively ☐ Stares ☑ Poor Eye Contact

Motor Activity: ☐ Increased ☑ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☐ Spontaneous ☐ Preoccupied ☑ Suspicious ☐ Argumentative
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile

Mood / Affect: ☑ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted

Speech / Communication: ☑ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive

Thought Content: ☑ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified

Abstract Thinking: ☐ Unimpaired ☐ Concrete

Delusions: ☑ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____

Hallucinations: ☑ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight / Judgment: ☐ Unimpaired ☑ Poor Judgment ☑ Poor Insight

☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: D. D. Grant LPN Date: 4/8/03

☐ ADDITONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name	AIS #
Hampton, Randall	226420

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Institution: BCCF	☒ RTU ☐ SU	Date/Time of Admission
Inmate Name: Hampton, Randall	AIS#: 226420	DOB: 10/15/83

Vital Signs

BP 110/82	P 76	R 18	HT	WT 153 lbs	Allergies: NKDA

Past Medical History

☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☐ Hypertension ☐ Cancer ☐ TB
☐ Seizures ☐ Peptic Ulcer ☐ Back Problems ☐ Liver Disease ☐ Stroke
☐ COPD ☐ Congenital D/O ☐ Peripheral Vascular Disease ☐ Other_____

Assistive Devices

☐ Walker ☐ Crutches ☐ Cane ☐ Wheelchair ☐ Artificial Limb(s)
☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures
☐ Other:

Major Illnesses / Accidents / Surgeries / etc.

Current Medical Problems:

Current Medications / Dosages:

Medication Compliance: ☐ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%

Sleep Pattern: ☐ Insomnia ☐ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other:_____

Tobacco/Amount:_____ Caffeine/Amount:_____

Hygiene: ☐ Good ☐ Fair ☐ Poor Showers ____ times a week

Appetite: ☐ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit_____

History of Failure to Eat / Hunger Strikes: ☐ No ☐ Yes Last Episode (explain)_____

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:

History of Aggression / Acting Out Behavior: ☐ Yes ☐ No
Last Episode (explain):

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION
TAYLOR HARDIN SECURE MEDICAL FACILITY
1301 RIVER ROAD, NORTHEAST
TUSCALOOSA, ALABAMA 35404
PHONE (205) 556-7060

FOB JAMES, JR.
GOVERNOR

VIRGINIA A. ROGERS
COMMISSIONER

Bullock Correctional Facility
Mental Health Services
Highway 82 East
Union Springs, Al 36089-5107

RE: RESPONSE TO REQUEST FOR INFORMATION
PATIENT NAME: HAMPTON, Randall
M. R. NUMBER: 06 50 32 96

X The following information is enclosed in response to your request:
Hospital Summary

____ We have no record of this individual having been hospitalized at this facility under the name given. If you can furnish additional information such as other names under which patient might have been admitted, dates of admission/discharge, date of birth, social security number, etc., we will check our records further.

____ We are unable to furnish the information you requested for the following reason(s):

- ____ The above-named individual's authorization is not enclosed.
- ____ Authorization does not specifically name Taylor Hardin Secure Medical Facility and instruct this facility to furnish information regarding the above-named individual.
- ____ A special consent form is required because of federal regulations. We are enclosing this form for completion and signature.
- ____ The above-named individual was seen on an Outpatient basis only.
- ____ The consent form enclosed is not an original. Please provide us with an original consent form and signature.
- ____ The consent form has an invalid date (either dated previous to the individual's admission to this facility, or more than 90 days prior to our receipt of the request).
- ____ The individual's signature on the consent form does not sufficiently resemble signatures in our records.

____ We are able to furnish the information you requested only upon receipt of a Court Order.

____ Other: _____

3/31/03
DATE SIGNED

Helen Thomas
SIGNATURE
Health Information Management Department

THSMF-HIMD-105
Rev. 7/93

White - Addressee
Yellow - Master Record

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
9-16-03		Mental Health Disciplinary Process inmate is competent enough to participate in hearing. Penny / Mike Taylor	
10/3/03	1330	Ativan 2 mg. I M c 5 mg Haldol given stat per Dr Sanders M Grayson	

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	22-6430			

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INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
9/9/03	0805	A - Potential Alteration in comfort level R/T mental status	
	(con)	P - Will continue to monitor ——— M Robinson, RN	
9/9/03	2:00pm	S Any Problems? Pt replied "No problems Everything is allright"	
		O Alert & Oriented, Affect; appropriate	
		A. Pt Exhibited no Unusual Behavior	
		P will follow-up. Pt. has been discharged	
			[signature] MS
9/10/03	0830	S - "I am okay"	
		O - Standing @ cell door c̄ proper affect	
		~~Alert~~ awam Alert + oriented X3 Resp c̄ ease	
		Compliant c̄ meds as ordered	
		A - Alteration in comfort level R/T mental status	
		P - Will continue to monitor ——— M Robinson, RN	
9/10/03		S Returns from Kilby - Sleeps at night - Eats well - but is sensitive to peoples comments re himself - Tends to oversleep + misses pill call - does not feel like himself. - Gives history of head beaten against wall 95 (8yrs ago) was LOC + developed seizure disorder;	
		O: Much perseveration, full oriented, - Complaining - Verbalized No hallu/delusions	
		A: OBS + Seizures - ASPD	
		P: Continue Anticonvulsants	
		RTC when crisis [signature] GAF - 50	[signature]

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	19	B/M	KCF

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INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
M. 090803	1100	S. "I'm doing alright", pt's the inmate. O. MSE reveals no dysphoric mood, no SI, no HI, no apparent hallucinations; inmate repeatedly states: "there is nothing wrong w me... I just want to leave..." He went on laughing while discussing his illicit drugs activity in prison, and his disciplinary troubles. A. Stable, w no active clinical sx. P. May be discharged at DOC's discretion.	
9-8-03	100 pm	Discharge forms was completed on this Pt.	
9/9/03	0330	S+O - Noted, resting quietly on bunk, resp w ease, VHS noted A - Stable @ moment P - Continue Plan of Care — Carla, RN	
9/9/03	0805	S-"I'm Okay." O-Alert + oriented X 3 resp w ease. Ad lib movement around ward. Compliant w meds as ordered V/S T 97.5 R18 P125 B/P 152/95	

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	19	B/M	KCF